



**East Link Academy**  
STUDENT HEALTH INFORMATION

20\_\_ - 20\_\_ School Year

Date: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION PERMISSION REQUEST FORM**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Please complete separate form for each medication for medication to be administered at school
- Medication must be brought to the health room by the parent or responsible adult. DO NOT send medication with a student
- If the medication dose requested exceeds the manufacturer's recommendation and / or administration of medication will be greater than 10 consecutive days, a licensed health care provider must complete the Authorization for Prescription Medication at School form. Contact the school nurse for more information
- MEDICATION WILL BE GIVEN AT SCHOOL ONLY if the following guidelines are followed:
  - A parent or legal guardian must sign the East Link Academy consent form
  - Medication must be provided in a new, unopened container that has not expired, with the manufacturer's label intact (smaller containers preferred) and the student's name on the outside.

Medication: \_\_\_\_\_ Purpose of Medication: \_\_\_\_\_

Route: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Allergies: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTS / LEGAL GUARDIANS PLEASE READ CAREFULLY**

**By signing below, I understand and agree to the following:**

- I understand that all medication will be provided in a new, unopened container that has not expired with manufacturer's label intact and labeled with my child's name
- I give permission for the head of school, school nurse(s) and / or health services to share this information with individuals who have responsibility for my child
- The first dose of any new medication will be given at home so that I can monitor for adverse reactions
- I am responsible for replacing medication before the expiration date
- I give permission to designated personnel at East Link Academy to administer this medication to my child as directed by the manufacturer, and according to school requirements

\_\_\_\_\_  
Parent / Legal Guardian Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date